| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | | |
|-----|---|---|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued | Celia First name | First name | |
| | picture identification (for example, your driver's | | | |
| | license or passport). | Middle name | Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Savage Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6021 | | |

Official Form 101

| : | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Number, Street, City, State & ZIP Code | | |
| | | |
| yours, fill it s to this | | |
| Number, P.O. Box, Street, City, State & ZIP Code | | |
| | | |
| tition, I other | | |
| | | |
| | | |
| :1 | | |

| Deb | otor 1 Celia Savage | | | | | Case number (if known) | | |
|-----|--|--------------|--------------------------------|--|---|---|--|--|
| | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bar | nkruptcy Ca | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Required by</i> age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing to the box. | or Bankruptcy | |
| | choosing to file under | ■ Cha | apter 7 | | | | | |
| | | ☐ Cha | apter 11 | | | | | |
| | | □ Chapter 12 | | | | | | |
| | | ☐ Cha | • | | | | | |
| | | | | | | | | |
| 8. | How you will pay the fee | — а о | bout how yo | ou may pay. Typica attorney is submit | ally, if you are paying the fee yo | ck with the clerk's office in your local cour curself, you may pay with cash, cashier's half, your attorney may pay with a credit c | check, or money | |
| | | | need to pa | y the fee in install | ments. If you choose this opti | on, sign and attach the Application for Ind | dividuals to Pay | |
| | | | J | , | Official Form 103A). | n only if you are filing for Chapter 7. By la | aw a judge may | |
| | | b tł | ut is not req nat applies t | quired to, waive you to your family size a | ur fee, and may do so only if yo and you are unable to pay the | our income is less than 150% of the offici fee in installments). If you choose this op Official Form 103B) and file it with your p | al poverty line tion, you must fill | |
| | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy | ■ No | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your | ■ No. | Go to I | line 12. | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtaine | ed an eviction judgment agains | st you and do you want to stay in your res | idence? | |
| | | . 20. | | No. Go to line 12. | - - | | | |
| | | | | Yes. Fill out <i>Initia</i> bankruptcy petitio | | Judgment Against You (Form 101A) and | file it with this | |
| | | | | | | | | |

| Deb | otor 1 | Celia Savage | | | | Case number (if known) | | |
|-----|--|---|------------------------|--|--|--|--|--|
| | | | | | | | | |
| Par | t 3: | Report About Any Bu | sinesses ` | You Own | as a Sole Proprie | etor | | |
| 12. | | ou a sole proprietor | _ | 0 | 5 | | | |
| | | y full- or part-time ness? | ■ No. | Go to I | Part 4. | | | |
| | | | ☐ Yes. | Name | and location of bus | usiness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such | | | Name | of business, if any | · · · · · · · · · · · · · · · · · · · | | |
| | | corporation, ership, or LLC. | | | | | | |
| | If you sole p | have more than one proprietorship, use a | | Number, Street, City, State & ZIP Code | | | | |
| | | rate sheet and attach his petition. | | Check | the appropriate bo | ox to describe your business: | | |
| | | · | | | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | | Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | | None of the above | /e | | |
| 13. | Chap Bank | ou filing under oter 11 of the cruptcy Code and are a small business | deadlines operation | s. If you inc | dicate that you are ow statement, and | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure | | |
| | | definition of small | ■ No. | I am no | ot filing under Cha _l | apter 11. | | |
| | busin | ess debtor, see 11 C. § 101(51D). | □ No. | I am fil Code. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | | ☐ Yes. | I am fil | ing under Chapter | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: | Report if You Own or | Have Any | Hazardoı | us Property or An | ny Property That Needs Immediate Attention | | |
| 14. | | ou own or have any | ■ No. | | | | | |
| | | erty that poses or is ed to pose a threat | ☐ Yes. | | | | | |
| | ident | minent and ifiable hazard to | | What is the | he hazard? | | | |
| | Or do | c health or safety? o you own any erty that needs | | If immedi | ate attention is | | | |
| | | ediate attention? | | needed, v | why is it needed? | | | |
| | perisi livest or a b | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property? | | | |
| | 35 | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | | |

Debtor 1 Celia Savage Case number (if known) Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5: About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit ☐ I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have choices. If you cannot do so, you are not eligible to a certificate of completion. certificate of completion. file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Celia Savage | | | Case number | (if known) | | |
|--|--|--|---|---|---|--|--|
| Par | t 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consuindividual primarily for a persona | | ed in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | ness debts? Business debts are debts the through the operation of the busin | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or business | debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. (| Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses are paid that funds will | | No | | | | |
| | be available for distribution to unsecured creditors? | l | ☐ Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | 1 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | □ 50,001-100,000 | | |
| | | □ 100-1 □ 200-9 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | be worth: | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 001 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | _ | 001 - \$300,000 001 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion | | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | | | nm aware that I may proceed, if eligible, to favailable under each chapter, and I cho | | | |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | bankrupt 1519, an | cy case can result in fines up to \$2 | ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 ye | | | |
| | | Celia S | <u>_</u> | Signature of Debtor 2 | 2 | | |
| | | Executed | August 24, 2017 MM / DD / YYYY | Executed on MM / | DD / YYYY | | |

| Debtor 1 Celia Savage | | Case number (if known) | | | |
|---|---|---------------------------|--|--|--|
| | | | | | |
| For your attorney, if you are represented by one | | d States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § | | |
| If you are not represented by an attorney, you do not need to file this page. | 342(b) and, in a case in which § 707(b)(4)(D) a in the schedules filed with the petition is incorre | | no knowledge after an inquiry that the information | | |
| | /s/ Cooper J Macco | Date | August 24, 2017 | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | |
| | Cooper J Macco Printed name | | | | |
| | Macco and Stern, LLP | | | | |
| | Firm name | | | | |
| | 2950 Express Drive South | | | | |
| | Suite 109 | | | | |
| | Islandia, NY 11749 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |
| | Contact phone 631-549-7900 | Email address | | | |
| | 240151 | | | | |
| | Bar number & State | | | | |

| Fill | n this information to identify your case: | | | | |
|------------------------|---|---|--|-----------------------|-----------------------------------|
| Deb | | | | | |
| 000 | First Name | Middle Name | Last Name | | |
| Debi (Spou | or 2 se if, filing) First Name | Middle Name | Last Name | | |
| ` ' | | STERN DISTRICT OF NE | EW YORK | | |
| | | | | | |
| (if kno | e number wn) | | | _ | k if this is an ded filing |
| | | | | arron | aca ming |
| ∩ff | icial Form 106Sum | | | | |
| | | Liabilities and (| Certain Statistical Information | | 12/15 |
| Be as infor your | s complete and accurate as possible. If the mation. Fill out all of your schedules first original forms, you must fill out a new \$ | two married people are st; then complete the in | filing together, both are equally responsible formation on this form. If you are filing amer | for supplyinded sched | ng correct ules after you file |
| Part | 1: Summarize Your Assets | | | | |
| | | | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 10 1a. Copy line 55, Total real estate, from S | 06A/B) chedule A/B | | \$ | 535,000.00 |
| | 1b. Copy line 62, Total personal property, | from Schedule A/B | | \$ | 6,765.00 |
| | 1c. Copy line 63, Total of all property on S | chedule A/B | | \$ | 541,765.00 |
| Part | 2: Summarize Your Liabilities | | | | |
| | | | | Your li | abilities |
| | | | | Amour | t you owe |
| 2. | Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A, | | icial Form 106D) oottom of the last page of Part 1 of Schedule D. | . \$ | 536,895.00 |
| 3. | Schedule E/F: Creditors Who Have Unsec 3a. Copy the total claims from Part 1 (pric | | m 106E/F) om line 6e of <i>Schedule E/F</i> | . \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nor | npriority unsecured claims | s) from line 6j of Schedule E/F | . \$ | 34,431.36 |
| | | | Your total liabilities | \$ | 571,326.36 |
| Dort | 2. Summarina Vaur Income and Evne | | | | |
| Part | · | | | | |
| 4. | Schedule I: Your Income (Official Form 10 Copy your combined monthly income from | l6I) I line 12 of <i>Schedule I</i> | | . \$ | 3,074.00 |
| 5. | Schedule J: Your Expenses (Official Form Copy your monthly expenses from line 22d | 106J) c of <i>Schedule J</i> | | \$ | 3,051.00 |
| Part | 4: Answer These Questions for Admi | nistrative and Statistica | l Records | | |
| 6. | Are you filing for bankruptcy under Cha ☐ No. You have nothing to report on thi | | this box and submit this form to the court with y | our other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | | | are those "incurred by an individual primarily fo statistical purposes. 28 U.S.C. § 159. | r a persona | l, family, or |
| | Your debts are not primarily consume the court with your other schedules. | ımer debts. You have no | othing to report on this part of the form. Check th | nis box and | submit this form to |

Official Form 106Sum Sun

Debtor 1 Celia Savage Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,933.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| 5 D () O () (5 T) () () | Total cla | im |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 8,327.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 8,327.00 |

| Den | tor 1 Ce | elia Savaq | 2 | _ | | | |
|-------------|---|-------------------|--------------|--|---|---|--|
| | | st Name | | e Name Last Name | | | |
| | tor 2 se, if filing) Firs | st Name | Middle | Name Last Name | | | |
| | | tcy Court for | the: EASTERN | DISTRICT OF NEW YORK | | | |
| Cas | e number | | | | | | ☐ Check if this is ar |
| | | | | | | | amended filing |
| ⊃ tı | isial Farms | 4 O C A /F | • | | | | |
| _ | icial Form hedule A | _ | _ | | | | 40/45 |
| | | | | n asset only once. If an asset fits in more than | | | 12/15 |
| _ | No. Go to Part 2. Yes. Where is the property of the property | roperty? | | | | | |
| | | | | | | | |
| 1.1 | 686 Park Aven | 110 | | What is the property? Check all that apply | | | |
| 1.1 | 686 Park Aven Street address, if availa | | scription | Single-family home | | | ims or exemptions. Put the ims on <i>Schedule D:</i> |
| 1.1 | | | ecription | | amount of a | ny secured clai | |
| 1.1 | | | scription | Single-family home Duplex or multi-unit building Condominium or cooperative | amount of a | iny secured clai I/ho Have Claim | ims on Schedule D: |
| 1.1 | Street address, if availa | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | amount of a Creditors W Current val entire prop | ny secured clai /ho Have Claim lue of the erty? | ims on Schedule D: ss Secured by Property. Current value of the portion you own? |
| 1.1 | Street address, if availa | ble, or other des | | ■ Single-family home □ Duplex or multi-unit building Condominium or cooperative □ Manufactured or mobile home | amount of a Creditors W Current valuentire prop | ny secured claim the Have Claim ue of the erty? | ims on Schedule D: ss Secured by Property. Current value of the portion you own? \$535,000.00 |
| 1.1 | Street address, if availa | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe | ue of the erty? 15,000.00 10 e nature of yoe e simple, tena | ims on Schedule D: ss Secured by Property. Current value of the portion you own? |
| 1.1 | Street address, if availa | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check or | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe | ny secured claim the Have Claim ue of the erty? 5,000.00 ne nature of yo | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest |
| 1.1 | Street address, if availa | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe | ue of the erty? 15,000.00 10 e nature of yoe e simple, tena | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest |
| 1.1 | Street address, if availa Huntington City | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check or | amount of a Creditors W Current valuentire prop \$53 Describe the (such as fe a life estate) | tue of the erty? 15,000.00 10 e nature of yoe e simple, tena e), if known. | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest ncy by the entireties, or |
| 1.1 | Huntington City Suffolk | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe a life estate) Check (see ins | ue of the erty? 5,000.00 ne nature of yo e simple, tena e), if known. if this is commutations) | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest |
| 1.1 | Huntington City Suffolk | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe a life estate) Check (see ins | ue of the erty? 5,000.00 ne nature of yo e simple, tena e), if known. if this is commutations) | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest ncy by the entireties, or |
| 1.1 | Huntington City Suffolk | NY | 11743-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this | amount of a Creditors W Current val entire prop \$53 Describe th (such as fe a life estate) Check (see ins | ue of the erty? 5,000.00 ne nature of yo e simple, tena e), if known. if this is commutations) | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$535,000.00 our ownership interest ncy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt | tor 1 C | Celia Savage | | | Case number (if known) | |
|---------------|------------------------------|---|---|---|--------------------------------|---|
| 3. C a | ars, vans | , trucks, tracto | ors, sport utility ve | ehicles, motorcycles | | |
| П | No | | | | | |
| _ | Yes | | | | | |
| | . 00 | | | | | |
| 3.1 | Make: | Nissan | | Who has an interest in the property? Check one | | d claims or exemptions. Put |
| | Model: | Rogue | _ | ■ Debtor 1 only | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2010 | _ | Debtor 2 only | Current value of the | Current value of the |
| | Approxi | mate mileage: | 77800 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other in | formation: | | At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$4,800.0 | 94,800.00 |
| 5 A .p. | ages you | have attached | d for Part 2. Write | rn for all of your entries from Part 2, including that number here | | \$4,800.00 Current value of the portion you own? Do not deduct secured |
| | xamples: No | escribe | es, furniture, linens | d Goods and Furnishings | | \$750.00 |
| | | L | | | | |
| E | l No | Televisions and | | eo, stereo, and digital equipment; computers, p nedia players, games | orinters, scanners; music col | llections; electronic devices |
| | | | Misc. Electronic | CS | | \$350.00 |
| E | xamples: | | igurines; paintings, ns, memorabilia, co | prints, or other artwork; books, pictures, or oth llectibles | er art objects; stamp, coin, o | or baseball card collections; |
| E | | for sports and Sports, photog musical instrur | raphic, exercise, ar | nd other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes ar | nd kayaks; carpentry tools; |
| | | escribe | | | | |
| 10. F | Firearms Examples I No | | shotguns, ammuni | ition, and related equipment | | |

| Debtor 1 | Celia Savage | e | Case number (if know | vn) |
|---------------------------|--|---|---|---|
| | | | | |
| 11. Clothe | | | | |
| □ No | pies. Everyday ci | otnes, turs, leatner coats, desi | gner wear, shoes, accessories | |
| | Describe | | | |
| | | | | |
| | | Misc. Wearing Apparel | | \$750.00 |
| ☐ No | | welry, costume jewelry, engag | ement rings, wedding rings, heirloom jewelry, watches, gen | ns, gold, silver |
| | | Misc. Jewelry | | \$100.00 |
| | | wisc. sewerry | | |
| Exam _l □ No | arm animals ples: Dogs, cats, Describe | birds, horses | | |
| | | cat | | \$0.00 |
| | | out | | |
| 15. Add 1 | | of all of your entries from Pa | art 3, including any entries for pages you have attached | \$1,950.00 |
| Part 4: De | escribe Your Finan | cial Assets | | |
| Do you ov | wn or have any l | egal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file your p | etition |
| | | | Cash | \$5.00 |
| | | | | |
| | | | unts; certificates of deposit; shares in credit unions, brokera with the same institution, list each. | ge houses, and other similar |
| | | | Institution name: | |
| | | 17.1. Checking | Capital One, Huntington, NY (8082) | \$10.00 |
| | | 17.1. Checking | Capital One, Hullington, 141 (0002) | |
| Exam _l | | or publicly traded stocks , investment accounts with bro | kerage firms, money market accounts | |
| ■ No □ Yes. | | Institution or issuer r | name: | |
| 19. Non-p | | cock and interests in incorpo | orated and unincorporated businesses, including an inte | erest in an LLC, partnership, |
| ■ No | | | | |

| De | ebtor 1 | Celia Savage | Case number (if known) | |
|-----|------------------|--|--|---|
| | Пусс | Cive appoific information about them | | |
| | □ res. | Give specific information about them Name of entity: | | |
| 20. | Negotia | able instruments include personal che | her negotiable and non-negotiable instruments ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them. | |
| | | Give specific information about them Issuer name: | | |
| 21. | | nent or pension accounts les: Interests in IRA, ERISA, Keogh, | 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan | s |
| | | List each account separately. Type of account: | Institution name: | |
| 22. | Your st Examp | | made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications companies, | or others |
| | ■ No □ Yes. | | Institution name or individual: | |
| 23. | | es (A contract for a periodic payment | t of money to you, either for life or for a number of years) | |
| | ■ No □ Yes | Issuer name and descr | ription. | |
| 24. | | s in an education IRA, in an account. §§ 530(b)(1), 529A(b), and 529(b)(| nt in a qualified ABLE program, or under a qualified state tuition progra 1). | m. |
| | ■ No □ Yes | Institution name and de | escription. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, | equitable or future interests in pro | operty (other than anything listed in line 1), and rights or powers exercis | able for your benefit |
| | | Give specific information about them | | |
| 26. | | , , , , , | crets, and other intellectual property s, proceeds from royalties and licensing agreements | |
| | | Give specific information about them | ···· | |
| 27. | | es, franchises, and other general in les: Building permits, exclusive licens | ntangibles ses, cooperative association holdings, liquor licenses, professional licenses | |
| | | Give specific information about them | l | |
| M | oney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | unds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, | including whether you already filed the returns and the tax years | |
| 29. | _ ′ | | spousal support, child support, maintenance, divorce settlement, property set | dement |
| | ■ No □ Yes. | Give specific information | | |
| 30. | | mounts someone owes you les: Unpaid wages, disability insurand benefits; unpaid loans you made | ce payments, disability benefits, sick pay, vacation pay, workers' compensat to someone else | ion, Social Security |
| | ■ No | | | |

| Debtor 1 | Celia Savage | | Case number (if known) | |
|----------------------|--|--|--|----------------------------|
| ☐ Ye | s. Give specific information | | | |
| 31. Inter | ests in insurance policies | | | |
| _Exa | <i>mpl</i> es: Health, disability, or life in | nsurance; health savings account (H | HSA); credit, homeowner's, or renter's insura | nnce |
| ■ No | | y of each policy and list its value. | | |
| — 16 | | ny name: | Beneficiary: | Surrender or refund value: |
| If yo som ■ No | u are the beneficiary of a living t eone has died. | e you from someone who has diec rust, expect proceeds from a life ins | d surance policy, or are currently entitled to rec | ceive property because |
| | | | | |
| | mples: Accidents, employment of | ner or not you have filed a lawsuit disputes, insurance claims, or rights | | |
| ■ Ye | s. Describe each claim | | | |
| | | class action lawsuit (2011) a Transvaginal Mesh | against Johnson & Johnson re: | \$0.00 |
| 35. Any f | s. Describe each claim | ready list | | |
| | | r entries from Part 4, including an | y entries for pages you have attached | \$15.00 |
| Part 5: | Describe Any Business-Related Pro | operty You Own or Have an Interest In. | List any real estate in Part 1. | |
| 37. Do yo | u own or have any legal or equitab | le interest in any business-related prop | erty? | |
| ■ No. | Go to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | Describe Any Farm- and Commerci f you own or have an interest in farm | ial Fishing-Related Property You Own o and, list it in Part 1. | or Have an Interest In. | |
| ^ | ou own or have any legal or e | quitable interest in any farm- or co | ommercial fishing-related property? | |
| _ | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Ow | n or Have an Interest in That You Did N | ot List Above | |
| Exai ■ No | mples: Season tickets, country of | · | | |
| | | | | |
| 54. Add | the dollar value of all of you | entries from Part 7. Write that nu | ımber here | \$0.00 |

| Deb | otor 1 Celia Savage | | Case number (if known) | |
|------|--|------------|------------------------------|--------------|
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$535,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$4,800.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,950.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$15.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$6,765.00 | Copy personal property total | \$6,765.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$541,765.00 |

| Fil | l in this <u>inforr</u> | nation to identify your c | ase: | | | | | | |
|--------------------------|--|--|---|-----------------------------|---|--|--|--|--|
| | btor 1 | Celia Savage | | | | | | | |
| | | First Name | Middle Name | L | ast Name | | | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | L | ast Name | | | | |
| | | | | | | | | | |
| Un | lited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF NI | EVV Y | URK | | | | |
| | nse number | | | | | ☐ Check if this is an | | | |
| | | | | | | amended filing | | | |
| O. | fficial Fo | rm 106C | | | | | | | |
| | | | perty You Cla | im | as Evemnt | 4/4.0 | | | |
| <u></u> | Chedui | e C. The Pio | perty fou cia | | as Exempt | 4/16 | | | |
| the nee | property you li | sted on <i>Schedule A/B: Pr</i> d attach to this page as m | roperty (Official Form 106A/B) |) as yo | our source, list the property that you | or supplying correct information. Using a claim as exempt. If more space is additional pages, write your name | | | |
| spe any fun exe | ecific dollar ar applicable st ds—may be u emption to a p | mount as exempt. Altern catutory limit. Some executions catutory limit. Some amounts | atively, you may claim the f mptions—such as those for nt. However, if you claim ar | full fa r heal n exer | ir market value of the property be th aids, rights to receive certain I nption of 100% of fair market val | One way of doing so is to state a eing exempted up to the amount of penefits, and tax-exempt retirement ue under a law that limits the it, your exemption would be limited | | | |
| Pa | rt 1: Identif | y the Property You Clain | m as Exempt | | | | | | |
| 1. | Which set of | exemptions are you cla | aiming? Check one only, eve | en if vo | our spouse is filina with vou. | | | | |
| | _ | | nonbankruptcy exemptions. | • | , , , | | | | |
| | _ | · · | . , . | | 5.0. g 022(b)(0) | | | | |
| | | aiming federal exemptions | - , , , , | | | | | | |
| 2. | For any prop | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | | on of the property and line of that lists this property | on Current value of the portion you own | | | Specific laws that allow exemption | | | |
| | | | Copy the value from | | | | | | |
| | | venue Huntington, N | \$535,000.00 | | \$11,837.50 | 11 U.S.C. § 522(d)(1) | | | |
| | | folk County hedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | | n Rogue 77800 miles | \$4,800.00 | | \$3,775.00 | 11 U.S.C. § 522(d)(2) | | | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | | n Rogue 77800 miles hedule A/B: 3.1 | \$4,800.00 | | \$1,025.00 | 11 U.S.C. § 522(d)(5) | | | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | | ehold Goods and | \$750.00 | | \$750.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Furnishing Line from Sci | s hedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Misc. Elect | | \$350.00 | _ | \$350.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line from Sci | hedule A/B: 7.1 | | _ | | | | | |

Official Form 106C

| DE | cella Savage | | | Case number (ii known) | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Misc. Wearing Apparel Line from Schedule A/B: 11.1 | \$750.00 | | \$750.00 | 11 U.S.C. § 522(d)(3) |
| | 2.110 110111 GG/GGG/6 7 V 2.1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(4) |
| | Line nom <i>Schedule Arb.</i> 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Capital One, Huntington, NY (8082) | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | class action lawsuit (2011) against Johnson & Johnson re: Transvaginal | \$0.00 | | \$23,675.00 | 11 U.S.C. § 522(d)(11)(D) |
| | Mesh Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | class action lawsuit (2011) against Johnson & Johnson re: Transvaginal | \$0.00 | | \$12,052.00 | 11 U.S.C. § 522(d)(5) |
| | Mesh Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | iled on or after the date of adjustme | ent.) |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property cover | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| Fill in this inform | nation to identify you | r case. | | | |
|---|--|---|--|--|-----------------------------|
| | nation to identity you | i case. | | | |
| Debtor 1 | Celia Savage First Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| | nkruptcy Court for the: | EASTERN DISTRICT OF NEW YORK | | | |
| Case number | . , | | _ | | |
| (if known) | | | | _ | if this is an led filing |
| Official Forn | n 106D | | | | |
| Schedule | D: Creditors | Who Have Claims Secur | ed by Property | y | 12/15 |
| needed, copy the A known). | dditional Page, fill it out, | two married people are filing together, both are enumber the entries, and attach it to this form. On | | | |
| | have claims secured by | | . Vou hove nothing class | to report on this form | |
| _ | | nis form to the court with your other schedules | s. You have nothing else | to report on this form. | |
| | n all of the information b | Delow. | | | |
| 2. List all secured each claim. If more | claims. If a creditor has me | ore than one secured claim, list the creditor separate articular claim, list the other creditors in Part 2. As must according to the creditor's name. | Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion |
| 2.1 Citibank, | N.A. | Describe the property that secures the claim: | value of collateral. \$42,000.00 | claim \$535,000.00 | If any \$1,895.00 |
| Creditor's Name | | 686 Park Avenue Huntington, NY 11743 Suffolk County | | | <u> </u> |
| PO Box 6 ^o Sioux Fal | 181 Is, SD 57117 | As of the date you file, the claim is: Check all that apply. Contingent | J | | |
| Number, Street | , City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | ☐ An agreement you made (such as mortgage or scar loan) | secured | | |
| Debtor 1 and De | ebtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the | ne debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this cla | | Other (including a right to offset) Home Ed | quity Line of Credit | | |
| Date debt was incu | urred | Last 4 digits of account number 696 | 4 | | |
| 2.2 Selene Fi | nance | Describe the property that secures the claim: | \$494,895.00 | \$535,000.00 | \$0.00 |
| Creditor's Name | 9 | 686 Park Avenue Huntington, NY 11743 Suffolk County | | | |
| | mond Avenue | As of the date you file, the claim is: Check all that | | | |
| Suite 4009 | S TX 77042-8500 | apply. | | | |
| - | , City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| Who owes the de | aht? Chack and | Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | EDLY CHECK ONE. | ☐ An agreement you made (such as mortgage or | secured | | |
| ☐ Debtor 2 only ☐ Debtor 1 and De | obtor 2 only | car loan) | | | |
| | eptor 2 only ne debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| Check if this class community de | aim relates to a | Other (including a right to offset) Mortgag | е | | |
| Date debt was incu | urred | Last 4 digits of account number XXX | x | | |

Official Form 106D

| Debtor 1 | Celia Savage | | | Case number (if know) | |
|----------|--|----------------------------|-----------------------------------|-----------------------|--|
| | First Name | Middle Name | Last Name | _ | |
| | | | | | |
| Add the | dollar value of your | entries in Column A on t | nis page. Write that number here: | \$536,895.00 | |
| | the last page of your at number here: | r form, add the dollar val | ue totals from all pages. | \$536,895.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fill in th | is informa | tion to identify your | case: | | | | | |
|---|--|---|--|---|---|--|--|--|
| Debtor 1 | | Celia Savage First Name | Middle N | ame | Last Name | | | |
| Debtor 2 (Spouse if, t | filing) | First Name | Middle N | ame | Last Name | | | |
| United St | tates Bank | ruptcy Court for the: | EASTERN [| DISTRICT OF NE | W YORK | | | |
| Case nur (if known) | mber | | | _ | | | | Check if this is an amended filing |
| Sched | lule E/F | 106E/F F: Creditors W | | | | | | 12/15 |
| any execut Schedule (D: Crediton the Contin number (if | tory contract G: Executor rs Who Hav uation Page known). | ets or unexpired leases t y Contracts and Unexpire e Claims Secured by Pro to this page. If you have | hat could resul red Leases (Off operty. If more e no informatio | It in a claim. Also licial Form 106G). I space is needed, con to report in a Pa | list executory on the court of the court of the court of the Part you court of the | Part 2 for creditors with NONP contracts on Schedule A/B: Properties on Schedule A/B: Properties on creditors with partially set on need, fill it out, number the last Part. On the top of any additional parts of the set o | operty (Offici cured claims entries in the | al Form 106A/B) and on that are listed in Schedule boxes on the left. Attach |
| Part 1: | | of Your PRIORITY Un | | _ | | | | |
| _ | - | have priority unsecured | ciaims agains | t you? | | | | |
| | o. Go to Part | : 2. | | | | | | |
| ☐ Ye | _ | | | | | | | |
| Part 2: | List All o | of Your NONPRIORIT | Y Unsecured | Claims | | | | |
| 3. Do an | y creditors | have nonpriority unsecu | ured claims aga | ainst you? | | | | |
| □ No | o. You have | nothing to report in this pa | rt. Submit this fo | orm to the court with | n your other sch | edules. | | |
| ■ Ye | es. | | | | | | | |
| claim, | list the cred | litor separately for each cla | aim. For each cl | aim listed, identify v | vhat type of clair | holds each claim. If a creditor in it is. Do not list claims already inpriority unsecured claims fill out | included in Pa | art 1. If more than one |
| 41 | ТОТ | | | Last 4 digits of a | count number | | | |
| | AT&T Nonpriority C | reditor's Name | | Last 4 digits of ac | count number | | | \$399.00 |
| | PO Box 1 | | | When was the del | bt incurred? | 2009 | | |
| | | GA 30348 et City State Zlp Code | | As of the date you | u file, the claim | is: Check all that apply | | |
| V | Vho incurre | d the debt? Check one. | | ☐ Contingent | | | | |
| | Debtor 1 | only | | ☐ Unliquidated | | | | |
| [| Debtor 2 | only | | ☐ Disputed | | | | |
| | Debtor 1 | and Debtor 2 only | | Type of NONPRIC | RITY unsecure | ed claim: | | |
| [| At least o | ne of the debtors and ano | ther | ☐ Student loans | | | | |
| | | this claim is for a comm subject to offset? | nunity debt | Obligations aris | | aration agreement or divorce tha | ıt you did not | |
| | No | | | ☐ Debts to pension | on or profit-shari | ng plans, and other similar debts | ; | |
| [| ☐ Yes | | | Other. Specify | Delinquen | t Account | | |

| Debtor | 1 Celia Savage | Case number (if know) | | | | |
|--------|---|--|---|------------|--|--|
| 4.2 | Bloomingdales/DSNB Nonpriority Creditor's Name | Last 4 digits of account number | xxxx | \$4,062.00 | | |
| | PO Box 8218 | When was the debt incurred? | 2014 | | | |
| | Mason, OH 45040 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | I claim: | | | |
| | At least one of the debtors and another | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Credit Card | 1 | | | |
| 4.3 | Calvalry Portfolio Svc | Last 4 digits of account number | 3542 | \$0.00 | | |
| | Nonpriority Creditor's Name 500 Summit Lane Drive Ste. 400 | When was the debt incurred? | 2014 | | | |
| | Valhalla, NY 10595 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | □ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | □Yes | Other. Specify For Noticin GE Capital | | | | |
| 4.4 | Citibank N.A. | Last 4 digits of account number | 2102 | \$9,672.00 | | |
| | Nonpriority Creditor's Name PO Box 6181 | When was the debt incurred? | 2014 | | | |
| | Sioux Falls, SD 57117 Number Street City State Zlp Code | As of the date you file, the claim i | | | | |
| | Who incurred the debt? Check one. | | , | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed True of NONERIORITY unsequend eleitment | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | | | | |
| | ☐ Check if this claim is for a community debt | <u></u> | ration agreement or diverse that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | eparation agreement or divorce that you did not | | | |
| | No | ☐ Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | | | | |

| Debtor 1 Celia Savage | | Case number (if know) | | | |
|-----------------------|---|---|--|------------|--|
| 4.5 | Cohen Bergman Kleeper MD Nonpriority Creditor's Name 175 E. Main Street suite 200 | Last 4 digits of account number When was the debt incurred? | 9400 2016 | \$164.44 | |
| | Huntington, NY 11743-2939 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | I claim: | | |
| | At least one of the debtors and another | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Bil | <u> </u> | | |
| 4.6 | Discover Financial Svcs | Last 4 digits of account number | | \$8,327.00 | |
| | Nonpriority Creditor's Name PO Box 30954 Salt Lake City, UT 84130 | When was the debt incurred? | 2008 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharin | | | |
| | ☐ Yes | Other. Specify | | | |
| | | Student Lo | an | | |
| 4.7 | ERC | Last 4 digits of account number | 0267 | \$0.00 | |
| | Nonpriority Creditor's Name PO Box 23870 Jacksonville, FL 32241-3870 | When was the debt incurred? | 2009 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | | | |
| | Who incurred the debt? Check one. | Пол | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | Loloim | | |
| | ☐ At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | • • | | |
| | Yes | Other. Specify For Noticin | g Purpose Only/AT&T | | |

| Debto | r 1 Celia Savage | | Case number (if know) | | | |
|-------|---|--|--|------------------|--|--|
| 4.8 | JTV Preferred Nonpriority Creditor's Name | Last 4 digits of account number | 3619 | \$3,036.92 | | |
| | PO Box 105658 Atlanta, GA 30348-5658 | When was the debt incurred? | 2917 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | | | |
| | At least one of the debtors and another | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.9 | Kay Jewelers | Last 4 digits of account number | xxxx | \$1,396.00 | | |
| | Nonpriority Creditor's Name | | | 41,000.00 | | |
| | 375 Ghent Road | When was the debt incurred? | 2010 | | | |
| | Fairlawn, OH 44333-4601 Number Street City State Zlp Code | As of the data you file the claim i | Chook all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | 5. Спеск ан тат арру | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | | ☐ Unliquidated | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | | | | |
| | At least one of the debtors and another | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | 1 | | | |
| 4.10 | Macy's | Last 4 digits of account number | 4521 | \$5,047.00 | | |
| | Nonpriority Creditor's Name | | | | | |
| | PO Box 8218 Mason, OH 45040 | When was the debt incurred? | 2010 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | 7 | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | | | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | ג | | | |

| Debtor | 1 Celia Savage | | Case number (if know) | |
|--------|---|--|--|---------|
| 4.11 | Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 |
| | 2365 Northside Drive | When was the debt incurred? | 2014 | |
| | Suite 30 | | | |
| | San Diego, CA 92108 | A - of the data was file the plains in | Oh a ale all the et a a a le | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | з: Спеск ан that apply | |
| | _ | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separ report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Tor Noticing Retail Bank | g Purpose Only/GE Capital | |
| 4.12 | Peter H. Pruden, DDS Nonpriority Creditor's Name | Last 4 digits of account number | | Unknown |
| | 75 Prospect Street Huntington, NY 11743 | When was the debt incurred? | 2016 | |
| - | Number Street City State ZIp Code | As of the date you file, the claim is | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| | ☐ At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ation agreement of diverse that you do not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Medical Bill | <u> </u> | |
| 4.13 | Shapiro, DiCaro & | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Barak, LLC 175 Mile Crossing Blvd Suite One | When was the debt incurred? | | |
| | Rochester, NY 14624 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separ | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | | g Purpose Only/ | |

| Debto | r1 Celia Savage | | Case number (if know) | | | | |
|-------|---|---|--|------------|--|--|--|
| 4.14 | Syncb/Paypal Extras MC | Last 4 digits of account number | 1210 | \$1,978.00 | | | |
| | Nonpriority Creditor's Name PO Box 965005 | When was the debt incurred? | 2017 | | | | |
| | Orlando, FL 32896 | A - of the plate way file the plains | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан тлат арріу | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | <u> </u> | ☐ Disputed | | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | | | | | |
| | At least one of the debtors and another | Student loans | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Care | <u>i</u> | | | | |
| 4.15 | Synchrony Bank/Lord & | Last 4 digits of account number | 4654 | \$349.00 | | | |
| | Nonpriority Creditor's Name Taylor | When was the debt incurred? | 2010 | | | | |
| | PO Box 965015 | When was the dest mounted: | 2010 | | | | |
| | Orlando, FL 32896 | | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | | | | |
| | At least one of the debtors and another | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Care | <u> </u> | | | | |
| 4.16 | The Bureaus Inc. | Last 4 digits of account number | 4698 | \$0.00 | | | |
| | Nonpriority Creditor's Name | | | Ψ0.00 | | | |
| | 650 Dundee Rd | When was the debt incurred? | 2016 | | | | |
| | Ste. 370 Northbrook, IL 60062 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | _ | | g Purpose Only/ | | | | |
| | ☐ Yes | Other. Specify Capital On | e Retail Card Services | | | | |

| Debtor 1 | Celia Sav | rage | | Case r | number (if know) | | |
|---|---|--|--|------------------|--|--------------------|--|
| | homas & (| Graham, LLP | Last 4 digits of account number | er | | \$0.00 | |
| 19 | | is Avenue | When was the debt incurred? | | | | |
| | | ess, NY 11042 | | | | | |
| | | City State Zlp Code | As of the date you file, the clai | m is: Check | all that apply | | |
| WI | ho incurred t | the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 onl | у | ☐ Unliquidated | | | | |
| | Debtor 2 onl | у | ☐ Disputed | | | | |
| | Debtor 1 and | d Debtor 2 only | Type of NONPRIORITY unsecu | red claim: | | | |
| | At least one | of the debtors and another | ☐ Student loans | | | | |
| | | s claim is for a community debt bject to offset? | ☐ Obligations arising out of a sereport as priority claims | eparation ag | reement or divorce that you did not | | |
| | I _{No} | | ☐ Debts to pension or profit-sha | aring plans, | and other similar debts | | |
| | l Yes | | Other. Specify For Notice Index #: | | pose Only 2014 | | |
| | imothy Da | | Last 4 digits of account number | er | | \$0.00 | |
| 70 | onpriority Cred O Main Straulite #4 | | When was the debt incurred? | | | | |
| | | , NY 11743 | | | | | |
| | | City State ZIp Code | As of the date you file, the clai | m is: Check | all that apply | | |
| WI | ho incurred t | the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 only | | | ☐ Unliquidated | | | | |
| | Debtor 2 onl | у | ☐ Disputed | | | | |
| | Debtor 1 and | d Debtor 2 only | Type of NONPRIORITY unsecu | red claim: | | | |
| | At least one | of the debtors and another | ☐ Student loans | | | | |
| | | s claim is for a community debt bject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | | Debts to pension or profit-sha | aring plans, | and other similar debts | | |
| | | | For Notic | cing Pur | oose Only/ | | |
| | Yes | | Other. Specify Index #: | 064490/1 | 4 | | |
| 5. Use this p trying to o more than | page only if y collect from y n one credito | you for a debt you owe to someon or for any of the debts that you liste | t your bankruptcy, for a debt that e else, list the original creditor in ed in Parts 1 or 2, list the addition | Parts 1 or 2 | y listed in Parts 1 or 2. For example, if a col 2, then list the collection agency here. Simil 3 here. If you do not have additional persons | arly, if you have | |
| • | | r 2, do not fill out or submit this pa | • | | | | |
| Name and A | Address | | which entry in Part 1 or Part 2 did y e 4.7 of (Check one): | | riginal creditor? Creditors with Priority Unsecured Claims | | |
| PO Box | 57547 | Liii | e 411 of (Officer offic). | | Creditors with Nonpriority Unsecured Claims | | |
| Jackson | ville, FL 3 | | st 4 digits of account number | — Fait 2. | Creditors with Northbority Onsecured Claims | | |
| Dort 4 | A -1 -1 41 A | | annad Claim | | | | |
| 6. Total the | | mounts for Each Type of Unsecertain types of unsecured claims. | | reporting p | ourposes only. 28 U.S.C. §159. Add the amo | unts for each type | |
| _, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Total Claim | | |
| Total claim | 6a. | Domestic support obligations | | 6a. | \$ | | |
| from Part | | Taxes and certain other debts yo | ou owe the government | 6b. | \$ 0.00 | | |
| | 6c. | Claims for death or personal inju | • | 6c. | \$ 0.00 | | |
| | 6d. | Other. Add all other priority unsecu | red claims. Write that amount here | . 6d. | \$ | | |
| | 6e. | Total Priority. Add lines 6a throug | h 6d. | 6e. | \$ | | |
| | | | | | Total Claim | | |

| Debtor 1 | Celia S | Sava | age | Case n | number (if know) | | |
|-------------|---------|------|---|--------|------------------|-----------|--|
| | (| 6f. | Student loans | 6f. | \$ | 8,327.00 | |
| Total claim | | | | | | | |
| from Part | 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 | |
| | (| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | |
| | (| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 26,104.36 | |
| | (| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 34,431.36 | |

| Fill in this infor | | | | | |
|---------------------|--------------------------|--------------------|------------|--|-----------------------|
| Debtor 1 | Celia Savage | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | | |
| Case number | | | | | ☐ Check if this is an |
| , , | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Types. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with | whom you have the | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | <u> </u> | | 0.0.0 | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Oldic | Zii Oodc | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | - | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

Official Form 106G

| Fill in t | | | | | |
|--|---|--|--|--|------------|
| Debtor | 1 Celia Savage First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if | , filing) First Name | Middle Name | Last Name | | |
| United S | States Bankruptcy Court for the | e: EASTERN DISTRICT (| OF NEW YORK | | |
| Case nu | umber | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| ⊃ff;∽; | ial Form 106H | | | | |
| | edule H: Your Co | dobtors | | 40/45 | |
| SCITE | edule n. Toul Co | deplois | | 12/15 | |
| vour nai 1. ⊑ □ N ■ \ 2. V | me and case number (if known on you have any codebtors? No Yes Vithin the last 8 years, have | wn). Answer every question (If you are filing a joint case, you lived in a community p | do not list either spouse as a codel | unity property states and territories include | |
| 3. In (in li | No. Go to line 3. Yes. Did your spouse, former s Column 1, list all of your cod ine 2 again as a codebtor on | lebtors. Do not include you lly if that person is a guaral | e with you at the time? r spouse as a codebtor if your sp ntor or cosigner. Make sure you h | ouse is filing with you. List the person sho ave listed the creditor on Schedule D (Offi Schedule D, Schedule E/F, or Schedule G t | icia |
| 3. In (in li | No. Go to line 3. Yes. Did your spouse, former s Column 1, list all of your cod ine 2 again as a codebtor on m 106D), Schedule E/F (Offic | spouse, or legal equivalent liv lebtors. Do not include you lly if that person is a guaral cial Form 106E/F), or Sched | r spouse as a codebtor if your spouse or cosigner. Make sure you houle G (Official Form 106G). Use S | ouse is filing with you. List the person sho lave listed the creditor on Schedule D (Offi Schedule D, Schedule E/F, or Schedule G t on 2: The creditor to whom you owe the dek | icia :o |
| 3. In (in li | No. Go to line 3. Yes. Did your spouse, former solumn 1, list all of your codine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. **Column 1: Your codebtor** | spouse, or legal equivalent liv lebtors. Do not include you lly if that person is a guaral cial Form 106E/F), or Sched | r spouse as a codebtor if your spouse or cosigner. Make sure you houle G (Official Form 106G). Use S | ouse is filing with you. List the person sho lave listed the creditor on Schedule D (Offi Schedule D, Schedule E/F, or Schedule G t | icia :o |
| 3. In (in li | No. Go to line 3. Yes. Did your spouse, former solumn 1, list all of your codine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. **Column 1: Your codebtor** | spouse, or legal equivalent liv lebtors. Do not include you lly if that person is a guaral cial Form 106E/F), or Sched | r spouse as a codebtor if your spotor or cosigner. Make sure you had bulle G (Official Form 106G). Use Section 106G. | ouse is filing with you. List the person sho lave listed the creditor on Schedule D (Offi Schedule D, Schedule E/F, or Schedule G t on 2: The creditor to whom you owe the dek | icia :0 |
| 3. In C in I | No. Go to line 3. Yes. Did your spouse, former solumn 1, list all of your codine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. **Column 1: Your codebtor Name, Number, Street, City, State and Carina N. Casiano 214 58th Street, #1 | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spouse of cosigner. Make sure you had bule G (Official Form 106G). Use Some Column Check | ouse is filing with you. List the person sho lave listed the creditor on Schedule D (Offi Schedule D, Schedule E/F, or Schedule G to an 2: The creditor to whom you owe the deb all schedules that apply: | icia :o |
| 3. In C in I | No. Go to line 3. Yes. Did your spouse, former solumn 1, list all of your codine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. **Column 1: Your codebtor** Name, Number, Street, City, State and Carina N. Casiano | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you had bule G (Official Form 106G). Use Some Column Check | ouse is filing with you. List the person shot ave listed the creditor on Schedule D (Office Schedule D, Schedule E/F, or Schedule G to an 2: The creditor to whom you owe the detail schedules that apply: December 1 | icia :o |
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| 3. In C in I | No. Go to line 3. Yes. Did your spouse, former solumn 1, list all of your codine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. **Column 1: Your codebtor Name, Number, Street, City, State and Carina N. Casiano 214 58th Street, #1 | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you had bulle G (Official Form 106G). Use Section 106G. | ouse is filing with you. List the person shotave listed the creditor on Schedule D (Offischedule D, Schedule E/F, or Schedule G to 2: The creditor to whom you owe the detail schedules that apply: medule D, line medule E/F, line4.6 medule G ver Financial Svcs | icia :o |
| 3. In C in I For fill (| No. Go to line 3. Yes. Did your spouse, former soldine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. Column 1: Your codebtor Name, Number, Street, City, State and Carina N. Casiano 214 58th Street, #1 West New York, NJ 070 John T. Savage 686 Park Avenue | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you had bulle G (Official Form 106G). Use See Scholsco | ouse is filing with you. List the person shot ave listed the creditor on Schedule D (Office Schedule D, Schedule E/F, or Schedule G to an 2: The creditor to whom you owe the detail schedules that apply: December 1 | icia :0 |
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| 3. In C in I For fill (| No. Go to line 3. Yes. Did your spouse, former soldine 2 again as a codebtor on m 106D), Schedule E/F (Officiout Column 2. Column 1: Your codebtor Name, Number, Street, City, State and Carina N. Casiano 214 58th Street, #1 West New York, NJ 070 John T. Savage 686 Park Avenue | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you had bule G (Official Form 106G). Use School Schoo | ouse is filing with you. List the person show ave listed the creditor on Schedule D (Office Schedule D, Schedule E/F, or Schedule G to the second sec | icia :o |
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| 3. In C in I For fill 3.1 | No. Go to line 3. Yes. Did your spouse, former solves. Did your spouse, former solves. Did your spouse, former solves. Did your codine 2 again as a codebtor on 106D), Schedule E/F (Officion Column 2. **Column 1: Your codebtor Name, Number, Street, City, State and 214 58th Street, #1 West New York, NJ 070 John T. Savage 686 Park Avenue Huntington, NY 11743 John T. Savage 686 Park Avenue | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you he dule G (Official Form 106G). Use See Schools Sch | ouse is filing with you. List the person shot ave listed the creditor on Schedule D (Office Schedule D, Schedule E/F, or Schedule G to an 2: The creditor to whom you owe the detail schedules that apply: medule D, line medule E/F, line4.6 medule G ver Financial Svcs medule D, line medule E/F, line medule E/F, line medule G medule G medule G medule G medule D, line | icia :0 |
| 3. In C in I For fill 3.1 | No. Go to line 3. Yes. Did your spouse, former solves. Did your spouse, former solves. Did your spouse, former solves. Did your codine 2 again as a codebtor on 106D), Schedule E/F (Officion Column 2. **Column 1: Your codebtor Name, Number, Street, City, State and 214 58th Street, #1 West New York, NJ 070 John T. Savage 686 Park Avenue Huntington, NY 11743 | spouse, or legal equivalent livelebtors. Do not include you ally if that person is a guarancial Form 106E/F), or Scheol and ZIP Code | r spouse as a codebtor if your spotor or cosigner. Make sure you had bule G (Official Form 106G). Use Selen | ouse is filing with you. List the person shouse listed the creditor on Schedule D (Office Schedule D, Schedule E/F, or Schedule G to schedule D, Schedule E/F, or Schedule G to schedule D, Schedule E/F, or Schedule G to schedule Schedules that apply: Interest of the schedule D, line | icia :o |

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| supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information at spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes it is a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes attach a separate sheet to this form. If you have more than one job, attach a separate page with information about additional employers. Debtor 1 | Fill in this information to | identify your ca | se: | | | | | | | |
|--|---|--|---------------------------|-------------------------|----------------|----------------|----------------------|-------------------------|---------------|-----------|
| United States Bankruptcy Court for the: _EASTERN DISTRICT OF NEW YORK Case number (If known) | Debtor 1 | Celia Savage | | | | | | | | |
| Case number (If koown) Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally response is growing postpetic possible. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space, if you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is growing and the top of any additional pages, write your name and case number (if known). Answer expands the set of this form. On the top of any additional pages, write your name and case number (if known). Answer expands a separate sheet ot this form. Debtor 1 Debtor 1 Debtor 1 Debtor 2 or non-filing spous employed Employers. Occupation Disabled Employer's name Employer's name Employer's address How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write 50 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00. | | | | | | - | | | | |
| Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsibility of the following displaying correct information. If you are separated and your spouse is not filling jointly, and your spouse is living with you, include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expected the separate page with information about additional employers. Fart 1: | United States Bankruptc | y Court for the: | EASTERN DISTRICT | OF NEW YORK | | | | | | |
| Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally response, by our are separated and your spouse is I living with you, include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expected and your spouse is I living with you, include information about your spouse. If more space attach a separate and your spouse is I living with you, include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expected in the property of the pro | | | | | | □ Ai | n amende suppleme | d filing ent showing | | |
| Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally resposuplying correct information. If you are married and not filing pionity, and your spouse is list living with you, include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes in filing with you, do not include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes in the top of any additional pages, write your name and case number (if known). Answer exposes the page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's name Employer's address How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0. | Official Forms | 1061 | | | | 13 | 3 income a | as of the fol | lowing date: | |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally respacibly plants of the control of the contr | | | | | | M | M / DD/ Y | YYY | | |
| supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information at spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exposes attach a separate sheet to this form. If you have more than one job, attach a separate page with information about additional employers. Debtor 1 | | | | | | | | | | 12/1 |
| Information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's address How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00. Occupation Employed Not employed | spouse. If you are separattach a separate sheet | rated and your to this form. C | spouse is not filing w | ith you, do not include | e informa | ation about | t your spo | ouse. If mo | re space is | needed |
| attach a separate page with information about additional employers. Cocupation Disabled Disabled Disabled Disabled | | ment | | Debtor 1 | | | Debtor 2 | or non-fili | ng spouse | |
| Include part-time, seasonal, or self-employed work. Occupation Disabled Employer's name Cocupation may include student or homemaker, if it applies. How long employed there? Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0 | | | Francisco est etetro | ☐ Employed | | | ☐ Employed | | | |
| Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00. Sestimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00. | information about a | attach a separate page with information about additional | Employment status | ■ Not employed | ■ Not employed | | | ■ Not employed | | |
| Self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00. Sestimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00. | employers. | | Occupation | Disabled | | | | | | |
| How long employed there? Part 2: Give Details About Monthly Income | | | Employer's name | | | | | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 | | | Employer's address | | | | | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include you spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spous List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ | | | How long employed the | here? | | | _ | | | |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spous List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00 | Part 2: Give Detai | ils About Mont | thly Income | | | | | | | |
| The space of the s | | | te you file this form. If | you have nothing to rep | port for a | ny line, write | e \$0 in the | space. Inc | lude your no | on-filing |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00 | , , , , , | | | ombine the information | for all en | nployers for | that perso | on on the lir | nes below. If | you nee |
| 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00 | | | | | | For Deb | otor 1 | | | |
| | | | | | 2. | \$ | 0.00 | \$ | 0.00 | |
| 4 Calculate gross Income Add line 2 + line 3 | 3. Estimate and list n | monthly overti | те рау. | | 3. + | +\$ | 0.00 | +\$ | 0.00 | |
| 4. ψ <u>0.00</u> ψ <u>0.00</u> | 4. Calculate gross In | come. Add line | e 2 + line 3. | | 4. | \$ | 0.00 | \$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

| Debtor | 1 | Celia Savage | | Case n | umber (<i>if known</i>) | | | |
|--------------|--------------|--|-------------|----------|---|--------------|------------------------|----|
| | | | | | | | | |
| | | | | For D | Debtor 1 | | r Debtor 2 or | |
| , | ۰ | ny line 4 hore | 4. | \$ | 0.00 | nor \$ | n-filing spouse | |
| , | Joh | y line 4 here | 4. | Φ | 0.00 | Φ_ | 0.00 | |
| 5. L | _ist | all payroll deductions: | | | | | | |
| 5 | āa. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$_ | 0.00 | |
| 5 | ōb. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$_ | 0.00 | |
| | ōc. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$_ | 0.00 | |
| | d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$_ | 0.00 | |
| | ōe. ōf. | Insurance Demostic cuppert obligations | 5e. 5f. | \$ | 0.00 | \$_ \$ | 0.00 | |
| | ōg. | Domestic support obligations Union dues | 5j. 5g. | \$ | 0.00 | \$ \$ | 0.00 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · : — | 0.00 | | 0.00 | |
| 6. | ٩dd | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | – 6. | \$ | 0.00 | \$ | 0.00 | |
| | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | 0.00 | |
| | | all other income regularly received: | | · — | | · – | | |
| | 3a. | Net income from rental property and from operating a business, | | | | | | |
| | | profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| 8 | Bb. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| 8 | 3c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | _ | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | 90 | \$ | 0.00 | c | 0.00 | |
| 5 | 3d. | settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.00 | \$_ \$ | 0.00 1,680.00 | |
| | Be. | Social Security | 8e. | \$— | 1,394.00 | \$- | 0.00 | |
| | Bf. | Other government assistance that you regularly receive | | Ť— | 1,00 1100 | *- | | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | |
| _ | | Specify: | _ 8f. | \$ | 0.00 | \$_ | 0.00 | |
| | 3g. | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | 0.00 | |
| Č | 3h. | Other monthly income. Specify: | _ 8h.+ _ | \$ | 0.00 | . . _ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,394.00 | \$_ | 1,680.00 | |
| 10. (| Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | 1 | ,394.00 + \$ | 1. | 680.00 = \$ 3,074.0 | 00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L'- | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| l | nclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. | depen | | • | | | |
| | _ | not include any amounts already included in lines 2-10 or amounts that are not a cify: | availab | le to pa | ay expenses list | ed in — | Schedule J. 11. +\$ |)0 |
| ١ | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 00 |
| | | | | | | | Combined | |
| 13. [| Do y | you expect an increase or decrease within the year after you file this form | ? | | | | monthly incom | 7 |
| - | | No. | | | | | | |
| [| | Yes. Explain: | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this informa | ation to identify yo | our case: | | | | | | | |
|-------------------|--|---|-------------------------------------|---|-----------------------|------------|-------|------------------|-------------------------------|-----|
| Deb | tor 1 | Celia Savage | 9 | | | Cł | neck | if this is: | | |
| | | | - | | | | I A | n amended filing | | |
| | tor 2 | | | | | | | | wing postpetition chapte | r |
| (Spc | ouse, if filing) | | | | | | 13 | 3 expenses as of | the following date: | |
| Unit | ed States Bank | ruptcy Court for the: | EASTE | RN DISTRICT OF NEW Y | ORK | | M | M / DD / YYYY | | |
| | e number nown) | | | | | | | | | |
| Of | fficial Fo | orm 106J | | | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | | 12 | /15 |
| Be info nun | as complete ormation. If n mber (if know | and accurate as nore space is ne vn). Answer ever | possible eded, atta y questio | . If two married people a ach another sheet to this | | | | | | |
| Par 1. | t 1: Desc Is this a joi | ribe Your House | hold | | | | | | | — |
| 1. | ■ No. Go t | o line 2. | - | | | | | | | |
| | | es Debtor 2 live | ın a separ | ate nousehold? | | | | | | |
| | □ N | | st file Offic | ial Form 106J-2, <i>Expense</i> | s for Separate House | ehold of E | Debto | or 2. | | |
| 2. | Do you hav | re dependents? | □ No | | | | | | | |
| | Do not list D | Debtor 1 | Yes. | Fill out this information for each dependent | Dependent's relation | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | | | | Son | | | 24 | ■ Yes | |
| | | | | | - | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 2 | De veur ev | nanasa inaluda | | | | | | | ☐ Yes | |
| 3. | expenses of yourself an | penses include of people other t d your depende | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | | |
| | imate your e | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a sup | | | | | | |
| app | olicable date. | | | | | | | | | |
| the | | h assistance an | | government assistance cluded it on Schedule I: | | | | Your expo | enses | |
| • | | , | | | | | | | | |
| 4. | | or home owners nd any rent for th | | nses for your residence. or lot. | Include first mortgag | e 4. | \$ | | 0.00 | |
| | If not inclu | ded in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | erty, homeowner's | | | | 4b. | | | 0.00 | |
| | | | | upkeep expenses | | 4c. | | | 100.00 | |
| _ | | eowner's associat | | | uma aquitu la aaa | 4d. | | | 0.00 | |
| 5. | Auditional | mongaye payme | ento for yo | our residence , such as ho | nne equity loans | ວ. | \$ | | 0.00 | |

| Debtor 1 Celia Savage | Case number (if known) | |
|---|---------------------------------------|--------------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 180.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 45.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 235.00 |
| 6d. Other. Specify: Cell Phone | 6d. \$ | 75.00 |
| 7. Food and housekeeping supplies | 7. \$ | 700.00 |
| 3. Childcare and children's education costs | 8. \$ | |
| | · | 0.00 |
| . Clothing, laundry, and dry cleaning 0. Personal care products and services | 9. \$ 10. \$ | 75.00 |
| • | · · · · · · · · · · · · · · · · · · · | 75.00 |
| 1. Medical and dental expenses | 11. \$ | 250.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 200.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 100.00 |
| 4. Charitable contributions and religious donations | 14. \$ | 50.00 |
| 5. Insurance. | 14. ψ | 30.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 42.00 |
| 15c. Vehicle insurance | 15c. \$ | 149.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | ισα. ψ | 0.00 |
| Specify: IRS & NYS back taxes | 16. \$ | 300.00 |
| '. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report a | s 18. \$ | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | · | |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sch | | 0.00 |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| . Other: Specify: Misc. Pet & Vet Expenses | 21. +\$ | 75.00 |
| Cigarettes | +\$ | 400.00 |
| 2. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 3,051.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 3,051.00 |
| 3. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 3,074.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 3,051.00 |
| | · | |
| 23c. Subtract your monthly expenses from your monthly income. | | 00.00 |
| The result is your monthly net income. | 23c. \$ | 23.00 |
| 4. Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. | | or decrease because of a |
| □ Yes Explain here: | | |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|---|--------------------------|------------------------------|--------------------|--|
| Debtor 1 | Celia Savage | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT (| OF NEW YORK | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| Declarat | tion About a | n Individual | Debtor's Sch | edules | 12/15 |
| • | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sun | nmary and schedules filed | with this declarat | ion and |
| X /s/ Cel | ia Savage | | X | | |
| Celia S | Savage are of Debtor 1 | | Signature of D | ebtor 2 | |
| Date _ | August 24, 2017 | | Date | | |
| | | | | | |

Official Form 106Dec

| Da | in this infor | mation to identify your | case: | | | | | | | | | | |
|----------|--|--|--|---|--|---------------------------------------|--|--|--|--|--|--|--|
| De | btor 1 | Celia Savage | | | | | | | | | | | |
| - | h. (0 | First Name | Middle Name | Last Name | | | | | | | | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | | | | |
| Un | ited States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | | | | | | | | |
| Ca | se number | | | | | | | | | | | | |
| (if k | nown) | | | | _ | Check if this is an amended filing | | | | | | | |
| | | | | | | | | | | | | | |
| | fficial Fo | | | | | | | | | | | | |
| St | atement | of Financial A | Affairs for Individ | duals Filing for B | ankruptcy | 4/1 | | | | | | | |
| | | | | are filing together, both are | | | | | | | | | |
| | | nore space is needed, a n). Answer every ques | | this form. On the top of an | y additional pages, write yo | our name and case | | | | | | | |
| | | , | | | | | | | | | | | |
| Pa | rt 1: Give | Details About Your Mar | ital Status and Where You | u Lived Before | | | | | | | | | |
| ۱. | What is you | What is your current marital status? | | | | | | | | | | | |
| | ■ Married | l | | | | | | | | | | | |
| | ☐ Not ma | | | | | | | | | | | | |
| 2. | During the | ast 3 years have you l | ived anywhere other than | where you live now? | | | | | | | | | |
| | During the | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | | | |
| | ■ No | | | | | | | | | | | | |
| | ☐ Yes. Li | st all of the places you liv | ved in the last 3 years. Do n | ot include where you live nov | V. | | | | | | | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | gal equivalent in a commu | | | | | | | | | |
| | | | | gal equivalent in a commulevada, New Mexico, Puerto R | | | | | | | | | |
| | | | | | | | | | | | | | |
| | es and territo | ries include Arizona, Cali | | vada, New Mexico, Puerto R | | | | | | | | | |
| stat | es and territon No Yes. M | ries include Arizona, Cali | fornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | | | | | | | | | |
| | es and territon No Yes. M | ries include Arizona, Cali | fornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | | | | | | | | | |
| Pa | No Yes. M Tt 2 Expla Did you hav | ries include Arizona, Cali ake sure you fill out Sch in the Sources of Your re any income from em | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operatir | evada, New Mexico, Puerto R official Form 106H). ng a business during this y | ico, Texas, Washington and | Wisconsin.) | | | | | | | |
| Pa | No Yes. M Tt 2 Expla Did you have Fill in the tot | ries include Arizona, Cali ake sure you fill out Schi in the Sources of Your re any income from em al amount of income you | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operating received from all jobs and | evada, New Mexico, Puerto R | ico, Texas, Washington and ear or the two previous calc time activities. | Wisconsin.) | | | | | | | |
| Pa | No Yes. M Tt 2 Expla Did you have Fill in the total fyou are fili | ries include Arizona, Cali ake sure you fill out Schi in the Sources of Your re any income from em al amount of income you | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operating received from all jobs and | evada, New Mexico, Puerto R official Form 106H). official Form 106H). official Form 106H). official Form 106H). | ico, Texas, Washington and ear or the two previous calc time activities. | Wisconsin.) | | | | | | | |
| Pa | No Yes. M Tt 2 Expla Did you have Fill in the tot If you are filling No | ries include Arizona, Cali ake sure you fill out Schi in the Sources of Your re any income from em al amount of income you ing a joint case and you l | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operating received from all jobs and | evada, New Mexico, Puerto R official Form 106H). official Form 106H). official Form 106H). official Form 106H). | ico, Texas, Washington and ear or the two previous calc time activities. | Wisconsin.) | | | | | | | |
| Pa | No Yes. M Tt 2 Expla Did you have Fill in the tot If you are filling No | ries include Arizona, Cali ake sure you fill out Schi in the Sources of Your re any income from em al amount of income you | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operating received from all jobs and | evada, New Mexico, Puerto R official Form 106H). official Form 106H). official Form 106H). official Form 106H). | ico, Texas, Washington and ear or the two previous calc time activities. | Wisconsin.) | | | | | | | |
| stat | No Yes. M Tt 2 Expla Did you have Fill in the tot If you are filling No | ries include Arizona, Cali ake sure you fill out Schi in the Sources of Your re any income from em al amount of income you ing a joint case and you l | fornia, Idaho, Louisiana, Ne edule H: Your Codebtors (C Income ployment or from operating received from all jobs and | evada, New Mexico, Puerto R official Form 106H). official Form 106H). official Form 106H). official Form 106H). | ico, Texas, Washington and ear or the two previous calc time activities. | Wisconsin.) | | | | | | | |

Official Form 107

| DC | DIOI 1 | ila Savayı | 7 | | | | ise number (ii knowii) | | |
|---|---|-------------------------------|---|---|--|---|--|--|---|
| | | | | | | | | | |
| 5. | Include in unemploy | come regard ment, and of | lless of wheth ther public be | ner that inco enefit payme | ome is taxable. Examents; pensions; rental | revious calendar years ples of other income are income; interest; divide have income that you re | e alimony; child sup ends; money collecte | ed from laws | uits; royalties; and |
| | List each | source and t | he gross inco | ome from ea | ach source separatel | y. Do not include income | e that you listed in li | ne 4. | |
| | □ No | | | | | | | | |
| | _ | Fill in the de | etails. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of Describe b | pelow. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | | SSI Bene | efits | \$11,152.00 | | | | |
| | r last calen inuary 1 to | dar year: December | 31, 2016) | SSI Bene | efits | \$17,986.80 | | | |
| | | dar year be | | SSI Bene | efits | \$17,987.00 | | | |
| | | During the No. Yes * Subject | 90 days before Go to line 7 List below 6 paid that crude to adjustmen or Debtor 2 of 90 days before Go to line 7 List below 6 include pay an attorney | personal, far ore you filed '. each credito editor. Do no payments to t on 4/01/19 or both have one you filed '. each credito | amily, or household processing for bankruptcy, did yer to whom you paid a ot include payments or an attorney for this or and every 3 years are primarily consumer for bankruptcy, did yer to whom you paid a | total of \$6,425* or more for domestic support ob bankruptcy case. Ifter that for cases filed out of the form of th | e in one or more pa ligations, such as con or after the date of tal of \$600 or more and the total amount upport and alimony. | ore? yments and the hild support and adjustmenter ? you paid that Also, do not | the total amount you and alimony. Also, do t. |
| | Creditor | 5 Name and | a Address | | Dates of payment | paid | still owe | was tills p | ayment for |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. | | | | | | | | |
| | Insider's | Name and | Address | | Dates of payment | Total amount paid | Amount you still owe | Reason fo | r this payment |
| | | | | | | | | | |

Official Form 107

| Del | otor 1 Celia S | avage | Case number (if known) | | | | |
|-----|--|--|-----------------------------|--|----------------|--------------------------|--------------------------------|
| | | | | | | | |
| 8. | insider? | efore you filed for bankrupto ts on debts guaranteed or cost | | ments or transfer a | iny property | on account of a | debt that benefited an |
| | ■ No □ Yes. List a | Il payments to an insider | | | | | |
| | Insider's Name | e and Address | Dates of payment | Total amount paid | Amount still o | | r this payment ditor's name |
| Par | t 4: Identify L | egal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | List all such ma | nefore you filed for bankrupto tters, including personal injury and contract disputes. | | | | | |
| | □ No ■ Yes. Fill in | the details. | | | | | |
| | Case title Case number | | Nature of the case | Court or agency | | Status of | the case |
| | Savings and | | Foreclosure | Supreme Court NY County of Suffo | | Pendin On app Conclu | peal |
| | ■ No. Go to I □ Yes. Fill in Creditor Name | the information below. | Describe the Property | | | Date | Value of the |
| | | | Explain what happened | 1 | | | property |
| 11. | accounts or ref | before you filed for bankrup fuse to make a payment beca the details. | tcy, did any creditor, incl | | nancial inst | itution, set off an | amounts from your |
| | Creditor Name | e and Address | Describe the action the | creditor took | | Date action was taken | Amount |
| 12. | | efore you filed for bankrupto d receiver, a custodian, or a | | erty in the possessi | | | nefit of creditors, a |
| Par | | ain Gifts and Contributions | | | | | |
| | | before you filed for bankrup | tcv. did vou give any gifts | s with a total value | of more tha | an \$600 per perso | n? |
| | ■ No | the details for each gift. | ,,, g, g | | | | |
| | Gifts with a to per person | tal value of more than \$600 | Describe the gifts | | | Dates you gave the gifts | Value |
| | Person to Who | om You Gave the Gift and | | | | | |

Official Form 107

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

No

Debtor 1

☐ No

Address

Yes. Fill in the details. П

Person Who Was Paid **Address**

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes Fill in the details

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

Celia Savage beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Nο Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance closed, sold, Address (Number, Street, City, State and ZIP account number instrument before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still to it? Address (Number, Street, City, State and ZIP Code) have it? Address (Number, Street, City, Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 7IP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code)

Debtor 1 Celia Savage

| Debtor | Celia Savage | | Case number (if known) |
|----------|----------------------------|---|---|
| | | | |
| Part 12 | Sign Below | | |
| are true | e and correct. I unde | erstand that making a false statement, con n result in fines up to \$250,000, or impriso | ny attachments, and I declare under penalty of perjury that the answers ncealing property, or obtaining money or property by fraud in connection nment for up to 20 years, or both. |
| /s/ Ce | lia Savage | | |
| | Savage ture of Debtor 1 | Signature | of Debtor 2 |
| Date | August 24, 2017 | Date | |
| • | ı attach additional p | pages to Your Statement of Financial Affa | rs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you | ı pay or agree to pa | y someone who is not an attorney to help | you fill out bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. | Name of Person | . Attach the Bankruptcy Petition Prepare | r's Notice, Declaration, and Signature (Official Form 119). |

| Debtor 1 | Celia Savage | | | | |
|--|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| Inited States Ba | ankruptcy Court for the: | EASTERN DISTR | RICT OF NEW YORK | | |
| Case number | | | | — 01 1 1 | |
| f known) | | | | ☐ Check if amende | this is an d filing |
| | | | | | ςg |
| \(\(\alpha\) = 1 = 1 = 1 | 400 | | | | |
| Official Fo | | | | . <u>_</u> | |
| <u>Stateme</u> i | nt of Intentior | າ for Indiv | /iduals Filing Under Ch | apter 7 | 12/15 |
| | | | | | |
| _ | ividual filing under chap | - | Il out this form if: | | |
| creditors hav | e claims secured by you | r property, or | | | |
| | sed personal property an | | | | |
| | | | you file your bankruptcy petition or by the time for cause. You must also send copie | | |
| | | | | | |
| on the | | Court exterios tri | te time for cause. Four must also send copie | os to the orealtors and lec | 33013 you 113 |
| on the | form | | · | | - |
| on the two married po | form | | oth are equally responsible for supplying co | | - |
| on the two married po sign ar | form cople are filing together indicate the form. | in a joint case, bo | oth are equally responsible for supplying co | orrect information. Both d | lebtors must |
| on the two married po sign and se as complete | form cople are filing together indicate the form. and accurate as possible | in a joint case, bo | · | orrect information. Both d | lebtors must |
| on the two married posign and se as complete write y | form cople are filing together indicate the form. | in a joint case, bo | oth are equally responsible for supplying co | orrect information. Both d | lebtors must |
| on the two married posign are se as complete write y | form cople are filing together indicate the form. and accurate as possible | in a joint case, bo e. If more space is ber (if known). | oth are equally responsible for supplying co | orrect information. Both d | lebtors must |
| on the two married posign and the write y Part 1: List Y | form eople are filing together and date the form. and accurate as possible our name and case numle our Creditors Who Have ors that you listed in Par | in a joint case, bo e. If more space is ber (if known). Secured Claims | oth are equally responsible for supplying co | orrect information. Both d | lebtors must litional pages |
| on the two married posign and the as complete write y Part 1: List Y For any credit information by | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying costs needed, attach a separate sheet to this fo | orrect information. Both or rm. On the top of any add | lebtors must litional pages 6D), fill in the |
| on the two married posign and the write y Part 1: List Y For any credit information by | form eople are filing together and date the form. and accurate as possible our name and case numle our Creditors Who Have ors that you listed in Par | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying co | orrect information. Both or rm. On the top of any add Property (Official Form 10 rty that Did you clair | lebtors must litional pages |
| on the two married posign and the write y Part 1: List Y For any credit information by | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying costs needed, attach a separate sheet to this foot. C: Creditors Who Have Claims Secured by F | orrect information. Both or rm. On the top of any add Property (Official Form 10 rty that Did you clair | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are e as complete write y Part 1: List Y For any credit information be Identify the cr | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property that | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities: O: Creditors Who Have Claims Secured by Focilities What do you intend to do with the prope secures a debt? | orrect information. Both or rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt or | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign and the as complete write y Part 1: List Y For any credit information be identify the cr | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities. C: Creditors Who Have Claims Secured by Focilities. What do you intend to do with the propersecures a debt? Surrender the property. | orrect information. Both or rm. On the top of any add Property (Official Form 10 rty that Did you clair | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are the as complete write y Part 1: List Y For any credit information be Identify the cr | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property that | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities. C: Creditors Who Have Claims Secured by Focilities. What do you intend to do with the propersecures a debt? Surrender the property. Retain the property and redeem it. | rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are see as complete write y Part 1: List Y For any credit information be identify the creditor's name: | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities. C: Creditors Who Have Claims Secured by Focilities. What do you intend to do with the propersecures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | orrect information. Both or rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt or | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are the as complete write y Part 1: List Y For any credit information be identify the creditor's complete write y | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property that | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities. C: Creditors Who Have Claims Secured by Focilities. What do you intend to do with the properties a debt? Surrender the property. Retain the property and redeem it. Reaffirmation Agreement. | rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are the as complete write y Part 1: List Y For any credit information be identify the creditor's complete write y Creditor's complete write y Description of | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. 686 Park Avenue Huny 11743 Suffolk C | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | oth are equally responsible for supplying costs needed, attach a separate sheet to this focilities. C: Creditors Who Have Claims Secured by Focilities. What do you intend to do with the propersecures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the sign are sign are see as complete write y Part 1: List Y For any credit information be identify the creditor's c | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. 686 Park Avenue Huny 11743 Suffolk C | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | oth are equally responsible for supplying costs needed, attach a separate sheet to this focus of the second of the | rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign and the write years are completed write years. For any credit information buildentify the creditor's Coname: Description of property securing debts | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. 686 Park Avenue Huny 11743 Suffolk C | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | oth are equally responsible for supplying costs needed, attach a separate sheet to this focus of the secured by Focus of the secured by Focus of the secured by Focus of the secure of t | Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign and the write years as complete write years. For any credit information be identify the creditor's coname: Description of property securing debts. | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. 686 Park Avenue Huny 11743 Suffolk C | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | both are equally responsible for supplying costs needed, attach a separate sheet to this focus of the second of th | rm. On the top of any add Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign are see as complete write y Part 1: List Y For any credit information be Identify the creditor's Coname: Description of property securing debts | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the citibank, N.A. 686 Park Avenue Huny 11743 Suffolk C | in a joint case, bo e. If more space is ber (if known). Secured Claims et 1 of Schedule D at is collateral | coth are equally responsible for supplying costs needed, attach a separate sheet to this focus on the secured by F. Creditors Who Have Claims Secured by F. What do you intend to do with the proper secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Retain Surrender the property. Retain the property and redeem it. | Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign and the as complete write yeart 1: List Y. For any credit information be identify the creditor's name: Description of property securing debts: Creditor's S. | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the Citibank, N.A. 686 Park Avenue Huny 11743 Suffolk Comments of the Comm | in a joint case, both a joint a jo | both are equally responsible for supplying costs needed, attach a separate sheet to this focus of the secured by F. Creditors Who Have Claims Secured by F. What do you intend to do with the proper secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and [explain]: Retain Surrender the property. Retain the property and redeem it. | Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |
| on the two married posign and the sign and the write years are completed write years. For any credit information buildentify the creditor's name: Description of property securing debts creditor's name: | form eople are filing together and date the form. and accurate as possible our name and case number our Creditors Who Have ors that you listed in Parelow. editor and the property the Citibank, N.A. 686 Park Avenue Huny 11743 Suffolk Comments of the Comm | in a joint case, both a joint a jo | coth are equally responsible for supplying costs needed, attach a separate sheet to this focus on the secured by F. Creditors Who Have Claims Secured by F. What do you intend to do with the proper secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Retain Surrender the property. Retain the property and redeem it. | Property (Official Form 10 rty that Did you clair as exempt o | lebtors must litional pages 6D), fill in the n the proper |

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

| Debt | or 1 | Celia Savage | Case number (if known) |
|--------------|---------|---|---|
| | | | |
| | or's n | | □ No |
| Prop | | n of leased | ☐ Yes |
| | or's n | | □ No |
| Prop | • | n of leased | ☐ Yes |
| | or's n | | □ No |
| Prop | | n of leased | ☐ Yes |
| | or's n | | □ No |
| Prop | | n of leased | ☐ Yes |
| | or's n | | □ No |
| Prop | | n of leased | ☐ Yes |
| | or's n | ame: n of leased | □ No |
| Prop | | Torreased | ☐ Yes |
| | or's na | ame: n of leased | □ No |
| Prop | | Torreased | ☐ Yes |
| Part | 3: | Sign Below | |
| Unde | r pen | alty of perjury, I declare that I have indica at is subject to an unexpired lease. | ted my intention about any property of my estate that secures a debt and any personal |
| | | elia Savage | X |
| Celia Savage | | | Signature of Debtor 2 |
| | | ture of Debtor 1 | |
| | Date | August 24, 2017 | Date |

| Fill in this info | ormation to identify your case: | | Che | eck one box | only as d | directed | in this form and | l in Form |
|--|--|--|--|---------------------------------|----------------------|------------------------|--|--------------------------------|
| Debtor 1 | Celia Savage | | | 2A-1Supp: | , | | | |
| Debtor 2 | | | | ■ 1. There is | no pres | sumption | n of abuse | |
| (Spouse, if filing) | Bankruptcy Court for the: Eastern District of | Now York | | ☐ 2. The cal | culation | to deter | mine if a presur | nption of abuse |
| United States | Eastern District of | New YOR | | | | | nder <i>Chapter 7 i</i> rm 122A-2). | Means Test |
| Case number | · | | | | , | | , | and of |
| | | | | | | | ot apply now be e but it could ap | |
| | | | | ☐ Check if | this is a | ın ame | nded filing | |
| Official F | Form 122A - 1 | | | | | | | |
| Chapter | 7 Statement of Your Cur | rent Mo | nthly Inc | ome | | | | 12/15 |
| separate sheet number (if knov military service Part 1: | and accurate as possible. If two married people are to this form. Include the line number to which the a wn). If you believe that you are exempted from a pre , complete and file Statement of Exemption from Pr calculate Your Current Monthly Income your marital and filing status? Check one on | dditional inform sumption of ab esumption of A | ation applies. On use because you | the top of any do not have p | addition | nal pages consume | s, write your nam r debts or becaus | e and case se of qualifying |
| | married. Fill out Column A, lines 2-11. | ·y· | | | | | | |
| | ied and your spouse is filing with you. Fill ou | t both Column | s A and B, lines | 2-11. | | | | |
| _ | ied and your spouse is NOT filing with you. | | | | | | | |
| ■ Liv | ving in the same household and are not lega | Ily separated. | Fill out both Co | olumns A and | B, lines | 2-11. | | |
| □ Liv | ring separately or are legally separated. Fill of enalty of perjury that you and your spouse are leading apart for reasons that do not include evading | out Column A, egally separate | lines 2-11; do no d under nonban | ot fill out Colunkruptcy law t | ımn B. B hat appl | y check ies or th | | |
| 101(10A). Fo 6 months, ac | verage monthly income that you received from all so or example, if you are filing on September 15, the 6-mon dd the income for all 6 months and divide the total by 6. ntal property, put the income from that property in one co | nth period would Fill in the result. | be March 1 throug Do not include an | h August 31. If y income amou | the amount more the | ınt of you han once | r monthly income . For example, if b | varied during the |
| | | | | Column A Debtor 1 | | | nn B or 2 or filing spouse | |
| | oss wages, salary, tips, bonuses, overtime, a | and commiss | ions (before | \$ | 0.00 | \$ | 2,933.33 | |
| | y and maintenance payments. Do not include B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| 4. All amore from an and roor | unts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3. | Include regula , your depende | ar contributions ents, parents, | \$ | 0.00 | \$ | 0.00 | |
| 5. Net inco | ome from operating a business, profession, | | | | | | | |
| • | | \$ 0.00 | btor 1 | | | | | |
| | eceipts (before all deductions) | -\$ 0.00 | - | | | | | |
| | and necessary operating expenses on the profession, or farm | | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| | ome from rental and other real property | Ψ | | · | | - | | |
| J. 1300 11100 | and the property | Del | btor 1 | | | | | |
| Gross re | eceipts (before all deductions) | \$ 0.00 | | | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | | | |
| Net mon | othly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

0.00

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
|------|--|---|-------------|-------------------|-------------|--------------------------------|------------|------------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amounder the Social Security Act. Instead, list it here: | | fit | | | | | |
| | For you | | 00_ | | | | | |
| | For your spouse | | | | | | | |
| | Pension or retirement income. Do not include any a benefit under the Social Security Act. | | | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. S Do not include any benefits received under the Socia received as a victim of a war crime, a crime against h domestic terrorism. If necessary, list other sources or total below. | Security Act or paymer numanity, or internationa | nts I or | | | | | |
| | · | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add each column. Then add the total for Column A to the | | \$ | 0.00 | + \$ | 2,933.33 | Total c | 2,933.33 |
| Part | 2: Determine Whether the Means Test Applies | to You | | | | | IIICOIIIE | • |
| 12. | Calculate your current monthly income for the year | ar. Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | e 11 | | Сору | / line 11 l | here=> | \$ | 2,933.33 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 1 | |
| | 12b. The result is your annual income for this part of | the form | | | | 12b | · \$3 | 85,199.96 |
| 13. | Calculate the median family income that applies t | o you. Follow these step | os: | | | | | |
| | Fill in the state in which you live. | NY | | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | | |
| | Fill in the median family income for your state and siz | e of household. | | | | 13. | \$ 7 | 75,870.00 |
| | To find a list of applicable median income amounts, of for this form. This list may also be available at the ba | | pecified | d in the separ | ate instru | | | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. Go to Part 3. | On the top of page 1, ch | neck bo | x 1, There is | no presur | mption of abu | se. | |
| | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | o of page 1, check box 2 | , The p | resumption o | f abuse is | determined l | y Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perju | ry that the information o | n this s | tatement and | in any at | tachments is | true and c | orrect. |
| | χ /s/ Celia Savage | | | | | | | |
| | Celia Savage Signature of Debtor 1 | | | | | | | |
| | Date August 24, 2017 | | | | | | | |
| | MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Fo | orm 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | I file it with this form | | | | | | |

Celia Savage

Debtor 1

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| In r | e _Celia Savage | | Case N | o | |
|------|---|---|--|--------------------------|--------------------|
| | | Debtor(s) | Chapte | r 7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation o | g of the petition in bankrupto | y, or agreed to be p | aid to me, for service | |
| | For legal services, I have agreed to accept | | \$ | 1,250.00 | |
| | Prior to the filing of this statement I have received | | \$ | 665.00 | |
| | Balance Due | | \$ | 585.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | n unless they are m | embers and associate | es of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | | ny law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to rer | nder legal service for all aspe | cts of the bankrupto | cy case, including: | |
| | a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Exemption planning; preparation and filing | ement of affairs and plan whi rs and confirmation hearing, | ch may be required; and any adjourned | hearings thereof; | |
| 7. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding. | | | nces, relief from | stay actions or |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | agreement or arrangement for | or payment to me for | or representation of the | ne debtor(s) in |
| | August 24, 2017 | /s/ Cooper J Ma | | | |
| I | Date | Cooper J Macco Signature of Attor | | | |
| | | Macco and Ster | n, LLP | | |
| | | 2950 Express D | rive South | | |
| | | Suite 109 Islandia, NY 117 | 749 | | |
| | | 631-549-7900 F | ax: 631-549-784 | 5 | |
| | | Name of law firm | | | |
| | | | | | |

United States Bankruptcy Court Eastern District of New York

| In re | Celia Savage | | Case No. | |
|-------|--------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | August 24, 2017 | /s/ Celia Savage | |
|-------|-----------------|--------------------------|--|
| | | Celia Savage | |
| | | Signature of Debtor | |
| Date: | August 24, 2017 | /s/ Cooper J Macco | |
| | | Signature of Attorney | |
| | | Cooper J Macco | |
| | | Macco and Stern, LLP | |
| | | 2950 Express Drive South | |
| | | Suite 109 | |
| | | Islandia, NY 11749 | |

631-549-7900 Fax: 631-549-7845

USBC-44

Rev. 9/17/98

AT&T PO Box 105262 Atlanta, GA 30348

Bloomingdales/DSNB PO Box 8218 Mason, OH 45040

Calvalry Portfolio Svc 500 Summit Lane Drive Ste. 400 Valhalla, NY 10595

Carina N. Casiano 214 58th Street, #1 West New York, NJ 07093

Citibank N.A. PO Box 6181 Sioux Falls, SD 57117

Citibank, N.A. PO Box 6181 Sioux Falls, SD 57117

Cohen Bergman Kleeper MD 175 E. Main Street suite 200 Huntington, NY 11743-2939

Discover Financial Svcs PO Box 30954 Salt Lake City, UT 84130

ERC
PO Box 23870
Jacksonville, FL 32241-3870

ERC
PO Box 57547
Jacksonville, FL 32241

John T. Savage 686 Park Avenue Huntington, NY 11743 JTV Preferred PO Box 105658 Atlanta, GA 30348-5658

Kay Jewelers
375 Ghent Road
Fairlawn, OH 44333-4601

Macy's PO Box 8218 Mason, OH 45040

Midland Funding 2365 Northside Drive Suite 30 San Diego, CA 92108

Peter H. Pruden, DDS 75 Prospect Street Huntington, NY 11743

Selene Finance 9990 Richmond Avenue Suite 400S Houston, TX 77042-8500

Shapiro, DiCaro & Barak, LLC 175 Mile Crossing Blvd Suite One Rochester, NY 14624

Syncb/Paypal Extras MC PO Box 965005 Orlando, FL 32896

Synchrony Bank/Lord & Taylor PO Box 965015 Orlando, FL 32896

The Bureaus Inc. 650 Dundee Rd Ste. 370 Northbrook, IL 60062 Thomas & Graham, LLP 1983 Marcus Avenue Suite C-122 Lake Success, NY 11042

Timothy Daly, Esq. 70 Main Street Suite #4 Huntington, NY 11743

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

| Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief: |
|---|
| [NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).] |
| ■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING: |
| |
| 1. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 2. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| CURRENT STATUS OF RELATED CASE: (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 3. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |

DEBTOR(S): Celia Savage

Doc 1 Filed 08/25/17 Entered 08/25/17 09:51:29 Case 8-17-75190-reg

| DISCLOSURE OF RELATED CASES (cont'd) | | | |
|--|--|--|--|
| CURRENT STATUS OF RELATED CASE: | | | |
| (Discharged/a | waiting discharge, confirmed, dismissed, etc.) | | |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above | ve): | | |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL SCHEDULE "A" OF RELATED CASE: | L PROPERTY") WHICH WAS ALSO LISTED IN | | |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have have eligible to be debtors. Such an individual will be required to file a s | | | |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, A | AS APPLICABLE: | | |
| I am admitted to practice in the Eastern District of New York (Y/N): _ | <u>Y</u> | | |
| CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/p | petitioner's attorney, as applicable): | | |
| I certify under penalty of perjury that the within bankruptcy case is not as indicated elsewhere on this form. | related to any case now pending or pending at any time, except | | |
| /s/ Cooper J Macco | | | |
| Cooper J Macco Signature of Debtor's Attorney Macco and Stern, LLP 2950 Express Drive South | Signature of Pro Se Debtor/Petitioner | | |
| Suite 109 Islandia, NY 11749 631-549-7900 Fax:631-549-7845 Signature of Pro Se Joint Debtor/Petitioner | | | |
| | Mailing Address of Debtor/Petitioner | | |
| | City, State, Zip Code | | |
| | Area Code and Telephone Number | | |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

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